

Non Clinical Work and Revalidation: report and recommendations from the Non Clinical Work Group of the Academy of Medical Royal Colleges

1. The AoMRC Non Clinical Work Group

Revalidation is the process by which doctors will have to demonstrate to the GMC, normally every five years, that they are up to date and fit to practise and complying with the relevant professional standards. The information doctors will need to provide for revalidation will be drawn by doctors from their actual practice, from feedback from patients and colleagues, and from participation in CPD. This information will feed into doctors' annual appraisal. The outputs of appraisal, will lead to a single recommendation to the GMC from the Responsible Officer in their healthcare organisation, normally every five years, about the doctor's suitability for revalidation.

Doctors undertake many types of work within the overall framework of medicine. For some, face to face contact with patients forms the majority of their work. However, in some specialties, face to face patient contact is rarely, if ever, encountered. These specialties include several branches of pathology, public health, pharmaceutical medicine, and some sub-specialties within radiology. Clearly, however, the pathologist examining a cervical cytology slide is as vitally important to the diagnosis and management of an individual patient as is the radiologist viewing a mammogram and the public health physician advising on contact tracing and chemo-prophylaxis following a case of meningitis.

Other types of work may be more difficult to link with individual patient care but still have a major influence on patients as a group. The doctor at a medical school or postgraduate deanery responsible for producing the doctors of the future, the doctor working in research, whether in academia or industry, and the doctor working to improve the health of populations through combinations of health service and societal interventions, all influence the health of patients.

The nature and composition of a doctor's work tends to change over time with many doctors taking on more non-clinical roles as they become more senior. Moreover, many doctors are increasingly branching off from the traditional clinical path throughout their careers to undertake secondments and other short to medium term options not involving face to face patient contact with the intention of returning to such work in the future.

An analysis of this array of varying circumstances leads to the first of our principles, that all elements of a doctor's practice, including those aspects that do not involve direct patient treatment, are demonstrated for revalidation, as all may affect patient care to a greater or lesser extent.

As part of its revalidation project, the Academy of Medical Royal Colleges established a cross-specialty work group to consider non-clinical work and how it can be demonstrated in the portfolio of evidence provided by doctors to demonstrate their practice for revalidation.

It is important to note that the remit of this group did NOT apply to the work of those specialties that have limited patient contact in their day to day practice, for example, pathologists; radiologists; public health physicians; or practitioners of pharmaceutical medicine. Specialty standards and supporting information frameworks for those areas were developed by the relevant medical Royal Colleges and Faculties.

1.1. Aims and Objectives of the Group

It was agreed that the Objectives of the group were to identify the different types of non-clinical work undertaken by doctors and to develop generic cross-specialty standards for these mapped against *Good Medical Practice*.

In addition to developing a range of *essential* standards and evidence for non-clinical work, it was agreed that *desirable* standards and evidence to encourage ongoing improvement of practice should also be included. It was agreed that the revalidation process is NOT about assessment or failure, but is about collecting a range of evidence to demonstrate that all of a doctor's practice, including non-clinical work, is conducted according to set standards.

1.2. Method of Working and Areas Covered

The Working Group met for the first time in June 2008 and then on three further occasions. As an initial step, the group developed a list of non-clinical activities undertaken by doctors. Following this, the group drafted a series of frameworks to outline the standards and supporting information required for a range of non-clinical work activities regularly undertaken by doctors. The four non-clinical standards frameworks developed by the group included;

- Medical Management
- Medical Research
- Medical Education
- Specialist Expertise

A fifth framework, for doctors working in the civil service, was developed in collaboration with the UK Government Interdepartmental Clinical Governance Committee which is a group of doctors who work in a range of policy positions within the civil service. Representatives on this group included doctors working in:

- Department for Work and Pensions
- Department of Health
- Veterans Agency
- DVLA
- Home Office
- Health and Safety Executive
- Foreign and Commonwealth Office
- Scottish Governments Health Directorates

All standards frameworks were drafted using the same format as the GMC's Framework for Appraisal and Assessment, and are designed to support doctors in the positive demonstration of their non-clinical practice. Their purpose is to:

- Help doctors understand and prepare for their appraisal and revalidation.
- Provide guidance for appraisers to discuss and consider the specialist practice of appraisees.
- Assist the Responsible Officer and/or the College representative(s) in determining the revalidation recommendation of an individual doctor.

The standards themselves represent a range of actions, behaviours and skills that would be expected of a doctor who was practising according to the stated Attributes; however, they are not exhaustive or prescriptive – it is not expected that a doctor will be able to provide evidence of compliance with every standard.

In June 2009, an engagement exercise was undertaken by the Non-Clinical Work Group with Colleges/Faculties and other key stakeholders on these frameworks and list of non-clinical activities.

1.3. Membership

Chair Dr Steve George Faculty of Public Health

Dr Susan Bews	Faculty of Pharmaceutical Medicine
Dr Ashley Fraser	NHS Employers
Mr Stuart Haines	British Association of Medical Managers
Dr Robert Jackson	Royal College of Psychiatrists
Ms Yvonne Livesey	Academy of Medical Royal Colleges
Dr Don Mackechnie	College of Emergency Medicine
Ms Helen Millar	Patient/Lay representative
Mr Rowan Parks	Royal College of Surgeons of Edinburgh
Ms Paula Robblee	General Medical Council
Dr Kirstyn Shaw	Academy of Medical Royal Colleges
Dr Robert Sneyd	Royal College of Anaesthetists
Dr Lesley Southgate	Royal College of General Practitioners
Dr Rob Thornton	Faculty of Occupational Medicine
Ms Winnie Wade	Royal College of Physicians

2. Defining Non Clinical Work

The issue of what constituted non-clinical work occupied the Group for some time at its outset. However, the latest GMC Framework for Appraisal and Revalidation, based on *Good Medical Practice* (2008) clearly defines *clinical* work as that involving face to face patient contact. For this reason we have used a working definition of non-clinical work as:

Any work undertaken by a doctor that does not involve direct face to face patient contact.

As has already been pointed out, lack of face to face contact with patients does not imply lack of influence over the health state of individuals or populations, and a better term for these activities might be *wider medical practice*.

Most doctors undertake a mixture of both clinical and non-clinical work: a single doctor may see patients, undertake research, teach undergraduate students and supervise postgraduate doctors in training. Revalidation is about demonstrating the actual practice of the doctor and this will include elements of all work undertaken, whether clinical or non-clinical.

In the context of revalidation, doctors who do non-clinical work can be divided into four groups:

- i) Those doctors with specialist certification whose entire specialties do not undertake face to face contact with patients, although there may be much face to face contact with other members of the public and with colleagues (e.g. public health, pathology, pharmaceutical medicine). These doctors may also undertake other aspects of non-clinical work such as research, management or teaching. Appraisal will be as for all other specialities. All of the doctor's practice must be appraised.
- ii) Those doctors who undertake practice involving face to face patient contact, but who also do some regular non-clinical work such as management, teaching or research. Appraisal will be as for all other specialities. All of the doctor's practice must be appraised.
- iii) Those doctors who do no work within their original specialty but who wish to retain their specialist accreditation and be recertified e.g. Medical Directors. Doctors in this situation may have to satisfy their College requirements, which may be difficult if no clinical work is undertaken.
- iv) Those who do no clinical work at all and do not seek recertification, only relicensing. In these cases, medical appraisal may be difficult to arrange in the place of work.

3. Principles

1. That all elements of a doctor's practice, including those aspects that do not involve direct face to face contact with patients, can influence the health of individuals or populations and thus need to be demonstrated for revalidation.
2. That there is consistency in standards for revalidation across all parts of a doctor's practice.

3. That doctors undertaking different types of practice, whether or not involving face to face contact with patients, are treated equitably for revalidation purposes.

4. Recommendations

1. That all aspects of a doctor's practice, including those detailed in the attached list of non-clinical work activities, should be subject to revalidation according to the accompanying standards. The attached list is not exhaustive.
2. That whole practice appraisal be undertaken to minimise the bureaucratic burden on appraisers and appraisees. This implies that the Follett principles relating to joint working between Universities and NHS bodies, and in particular those elements that indicate that Universities and NHS bodies should work together to develop a jointly agreed appraisal scheme to meet the needs of both partners, should be extended to cover other areas of non-clinical work.
3. If recommendation 1 proves to be impossible, that if a doctor has an appraisal with the employer where they undertake non-clinical work, that they should not be required to demonstrate that element of their practice again at the medical appraisal, and vice versa. It should be sufficient for the doctor to provide evidence that they have undertaken the appraisal and that there are no outstanding concerns.
4. That any local changes or improvements to the appraisal system for revalidation need to consider how both clinical and non-clinical activities can be integrated into the process
5. That any pilots around revalidation should include and evaluate the process in relation to the non-clinical aspects of doctors practice

Non-Clinical Work Activities

1. Medical Research

- Clinical Trials
- Observational Studies
- Laboratory Research, including animal research
- Systematic reviews of literature
- Writing and reviewing Journal Articles
- Writing and reviewing research grants
- Working for Ethics Committees

2. Medical Education

- *Teaching*
 - Lectures / Tutorials -undergraduate & postgraduate (local/regional/national/international)
 - Speciality Courses eg research methods
 - Curriculum development
- *Examining*
 - Undergraduate & postgraduate examinations
 - Administrative roles eg organising exams
 - Developing exams eg contribution to question banks etc
- *Administration*
 - Senior positions in Schools of Medicine
 - Educational and Clinical Supervisor duties (eg Learning agreements, WBAs)
 - Writing references etc
 - Compliance of training standards
- Strategic Input to national education including programme boards, PMETB
- SAC Activity
- Mentoring/contributions to assessments/appraisals/remediation

3. Clinical Leadership and Medical Management

- *Medical Management*
 - Evaluation of service need
 - Maintenance of quality
 - Target delivery
 - Compliance with IR(ME)R and regulatory frameworks
 - Budgetary responsibility and business planning
 - Business Planning
 - Secondment to the DH; SHA etc
 - Trust chief executive, civil servant,
- *Clinical Management*
 - Appraisal
 - Service Development and Delivery
 - Commissioning
 - Organising rotas- consultants / trainees
 - Clinical director roles / Lead clinician roles
 - Staff meetings
 - Hospital committees - eg IT, Drug & Therapeutic, Theatre users
 - Medical governance
- *Research Management – e.g. R&D directors;*
- *Clinical Governance*
 - Local Responsibility Officer
 - Patient Safety
 - Ethics
 - Complaints and Critical Incidents
 - Mentoring (e.g. colleague)

4. **Specialist Expertise**

- Regulation (professional regulation)
- Professional Witness
- Expert Witness
- Policy formulation
- Pharmacovigilance work
- Risk management
- Editorial Work for journals
- Broadcasting
- Writing reports (e.g. to Health Authorities and Boards, or to Primary care Trusts)
- Writing editorials
- Working for or on behalf of grant giving bodies
- *Clinical Guideline Development*
 - NICE
 - SIGN
 - Specialist Associations
 - Local Guideline development (eg with GPs)
 - Regional Guideline development (eg at cancer networks)

Non-Clinical Frameworks: Attributes, Standards and Supporting Information

1. Introduction

Revalidation is the process by which doctors will have to demonstrate to the GMC, normally every five years, that they are up to date and fit to practise and complying with the relevant professional standards.

1.1. Relicensing and recertification

Revalidation will have two elements: relicensing and recertification.

The purpose of relicensing is to show that all doctors are practising in accordance with generic standards of practice set by the GMC and based upon the GMC's guidance Good Medical Practice.

The purpose of recertification is to show that practising doctors who undertake specialist practice continue to meet the particular standards that apply to their medical specialty or area of practice. These specialty specific standards are being developed by the medical Royal Colleges and Faculties. The Colleges and Faculties will also describe the types of information that doctors will need to collect to show that they are meeting these standards.

Although revalidation has two elements, doctors will not need to clear two separate hurdles in order to be revalidated; once for relicensing and once for recertification. Instead, the two strands will form a single, integrated process.

1.2. Revalidation and Annual Appraisal

The integration of relicensing and recertification into a single process will be helped by the fact that the information doctors will need to provide for relicensing and recertification will, to a large extent, be the same. It will be information drawn by doctors from their actual practice, from feedback from patients and colleagues, and from participation in CPD. This information will feed into doctors' annual appraisal. The outputs of

appraisal, will lead to a single recommendation to the GMC from the Responsible Officer in their healthcare organisation, normally every five years, about the doctor's suitability for revalidation. This single recommendation will cover both relicensing and, for doctors on the GP register or the specialist register, recertification.

For most doctors the process will be quite straightforward.

2. Standards, Methods and Supporting Information for Appraisal and Revalidation

This purpose of this document is to provide guidance to doctors who undertake non-clinical work as part of their practice on the nature of supporting information that may be brought to appraisal to demonstrate that they are practising to a high professional standard for revalidation.

The GMC Framework for Appraisal and Revalidation is based on the GMC's document, *Good Medical Practice*. Using the original GMC Framework, a series of Frameworks have been developed to outline the supporting information required for a range of non-clinical work activities regularly undertaken by doctors including: medical management; research; providing expert advice; civil service and policy development; and academic medicine and education. In addition, the GMC Framework has been used by all medical specialties to define the supporting information required for revalidation to demonstrate specialist practice.

For revalidation, doctors will need to demonstrate how all of the elements of their practice comply with this Framework including their specialist practice and any non-clinical work activity. In essence, the GMC Framework will form a "Core" element within the appraisal process; however, an appraisal may consider other issues outside of the Framework.

2.1. Core and Additional Information

All doctors will need to provide a core set of information for appraisal and revalidation. In addition, doctors will be required to present specific information relevant to their specialist practice and non-clinical work activities. The specialist information has been identified and defined by each relevant Medical Royal College and Faculty. Doctors will need to ensure that they have included all required information listed for their specialty. Separate frameworks have been developed for non-clinical work activities and doctors who undertake such work will also need to demonstrate their practice against these Frameworks.

2.2. Non-Clinical Frameworks: Attributes, "Standards" and Supporting Information

The document sets out the Domains and Attributes recommended by the GMC. The "Standards" themselves represent a range of actions, behaviours and skills that would be expected of a doctor who was practising according to the stated Attributes. These standards have been drawn from a range of relevant sources associated with the area of non-clinical work including supplementary guidance from the GMC, DH, BMA, BAMM, and the AME.

The GMC has stated in the Explanatory Note to the Framework that “**No doctor will be able to provide evidence of compliance with every standard**”. The Supporting Information does not, therefore, attempt to address every individual “standard”, but is intended to provide sufficient information to demonstrate compliance with each Attribute.

Doctors should use these frameworks as guidance to prepare for appraisal and revalidation in their non-clinical work. These frameworks are intended to outline the types of skills, actions and behaviours used by a doctor undertaking particular types of non-clinical work including a range of information that can be used to demonstrate such practice. *The Frameworks are not intended to be used as non-clinical curricula or mandated checklists for appraisal.* The aim of the Standards is to guide doctors who undertake non-clinical work in their preparation and personal reflection leading up to appraisal and revalidation and to support appraisers in the event that they need to explore further any issues or concerns that may arise about an individual’s practice.

MEDICAL MANAGEMENT

Note: this framework is for those doctors who undertake specific medical management roles.

The NHS Institute for Innovation and Improvement in collaboration with the Academy of Medical Royal Colleges have developed a series of leadership competencies that apply to the work of *all* doctors and are included in specialty curricula – a link to these competencies is provided at the end of this framework.

Domain 1 – Knowledge, Skills and Performance

Attribute	Standard	Supporting Information
Maintain your professional performance	<ul style="list-style-type: none"> ■ Understand relevant financial systems, budget setting processes and contracting frameworks and engage where appropriate ■ Understand how and why strategic and business planning takes place and engage where appropriate ■ Understand the importance of information and information technology in delivering clinical services ■ Undertake appropriate management CPD in order to develop competence. Maintain your status with relevant professional bodies and with the GMC....or other regulatory body. ■ Keep up-to-date with best practice in healthcare delivery beyond your own organisation, making use of evidence-based practice from across local and international health systems, as well as other relevant examples outside healthcare. Understand how this information might relate to service improvement at the local level. ■ Understand relevant laws, frameworks, cases and inquiries that feed into the overall governance of the organisation – including HR regulations and equality and diversity policies. ■ Understand the accountability of the chief executive and how this may be delegated to clinical leaders and other members of staff. ■ Maintain high standards of corporate governance. 	<p>Peer Feedback</p> <ul style="list-style-type: none"> ●MSF ●Peer reviews ●References and letters <p>Development</p> <ul style="list-style-type: none"> ●Record of CPD including reflective commentary ●Evidence from training or assessment of skills; <p>Governance</p> <ul style="list-style-type: none"> ●Evidence of compliance with local governance policies and protocols <p>Reflective practice</p> <ul style="list-style-type: none"> ●evidence in participation of relevant audits and reviews ●record of outcome of relevant audits and reviews <p>Practice review</p> <ul style="list-style-type: none"> ●Record of CPD including reflective commentary

<p>Apply knowledge and experience to practice</p>	<ul style="list-style-type: none"> ■ Apply effective influencing and negotiation skills to achieve optimal results. ■ Ensure that the best use is made of time and energy spent on meetings ■ Chair meetings effectively ■ Engage effectively with the business planning process. Identify business risks. Consider views of colleagues and other stakeholders. Gather information to produce an evidence-based challenge to systems and processes in order to identify opportunities for service improvements Goals should be measurable, prioritised and aligned to the organisational vision. ■ Engage effectively with budget setting processes. Understand control mechanisms, be able to make sense of a range of budget statements and be able to appreciate the importance of budgets in a wider context, not simply their own team, department or organisation. ■ Understand and apply the principles of project management in order to ensure that projects are planned and delivered effectively and on time. ■ Manage and prioritise competing pressures on their time and adopt good time management practices. ■ Build organisational capacity and capability to respond proactively to change and identify where services can be improved. ■ Understand organisational culture and dynamics and be able to identify key individuals and stakeholders involved in decision-making processes ■ Ensure the effective implementation and use of clinical audit. ■ Use your knowledge and evidence to ensure that resources are used efficiently and safely, and reflect the diversity of needs. 	<p>Peer Feedback</p> <ul style="list-style-type: none"> ●MSF ●Peer reviews ●References and letters <p>Development</p> <ul style="list-style-type: none"> ●Record of CPD including reflective commentary ●Evidence from training or assessment of skills; <p>Governance</p> <ul style="list-style-type: none"> ●Evidence of compliance with local governance policies and protocols <p>Reflective Practice</p> <ul style="list-style-type: none"> ●evidence in participation of relevant audits and reviews ●record of outcome of relevant audits and reviews
<p>Keep clear, accurate and legible records</p>	<ul style="list-style-type: none"> ■ Plan the jobs and roles of colleagues and/or teams on an annual basis, to ensure service delivery as well as fairness and appropriateness for each team member. Job/role plans should be designed to meet organisational goals. Discussions to agree job and role plans should be two-way and objectives should be 'SMART'. ■ When engaging with budget setting processes, understand control mechanisms, be able to make sense of a range of budget statements and be able to appreciate the importance of budgets in a wider context, not simply your own team, department or organisation. ■ Ensure you understand the importance of information and information technology in delivering clinical services and assuring patient safety. Ensure you are able to access sources of advice and support, if required. 	<p>Peer Feedback</p> <ul style="list-style-type: none"> ●MSF ●Peer reviews ●References and letters <p>Development</p> <ul style="list-style-type: none"> ●Record of CPD including reflective commentary ●Evidence from training or assessment of skills; <p>Governance</p> <ul style="list-style-type: none"> ●Evidence of compliance with local

		<p>governance policies and protocols</p> <p>Reflective Practice</p> <ul style="list-style-type: none"> ●evidence in participation of relevant audits and reviews ●record of outcome of relevant audits and reviews <p>Practice review</p> <ul style="list-style-type: none"> ● Evidence from practice based discussions
--	--	--

Domain 2 – Safety and Quality

Attribute	Standard	Supporting Information
Put into effect systems to protect patients and improve care	<ul style="list-style-type: none"> ■ Ensure systems are in place for colleagues to raise concerns about risks to patients ■ Ensure you have the skills to undertake appraisal with colleagues to an appropriate national standard. Promote the robustness and effectiveness of the appraisal system ■ Plan the workforce according to the identified future needs of the service, organisation and/or health economy ■ Contribute to the planning and delivery of teaching, training, learning and development for staff within their area of responsibility. There should be systems to ensure that clinical and management learning and development is effective ■ Be up-to-date and aware of best practice in healthcare delivery beyond your own organisation, making use of evidence-based practice from across local and international health systems, as well as other relevant examples outside healthcare. Understand how this information might relate to service improvement at the local level. ■ Ensure the effective implementation and use of clinical audit and ensure that all colleagues fully participate in audit. Ensure that inputs to the clinical audit process are appropriate and rigorous, and that outputs are properly communicated and acted upon. 	<p>Peer Feedback</p> <ul style="list-style-type: none"> ●MSF ●Peer reviews ●References and letters <p>Development</p> <ul style="list-style-type: none"> ●Record of CPD including reflective commentary ●Evidence from training or assessment of skills; <p>Governance</p> <ul style="list-style-type: none"> ●Evidence of compliance with local governance policies and protocols <p>Reflective Practice</p> <ul style="list-style-type: none"> ●evidence in participation of relevant audits and reviews ●record of outcome of relevant audits and reviews

	<ul style="list-style-type: none"> ■ Actively contributing to plans to achieve service goals. 	<p>Practice review</p> <ul style="list-style-type: none"> ● Record of any change in practice ● Evidence from practice based discussions
Respond to risks to safety	<ul style="list-style-type: none"> ■ Understand health and safety legislation, its importance in the organisation and how it applies to staff. ■ Be able to manage safe and effective operational systems, while at the same time striving to improve them. . ■ Understand risk in all its relevant contexts and be able to put in place a systematic approach to risk management and communication, specifically, ■ Be able put in place proactive prevention strategies to maintain a high quality clinical service. ■ Recognise when systems have failed or individuals have made errors-and why. Have the ability to respond and ensure that all members of the team are able to learn lessons from the incident. There should be effective communication of appropriate information following incidents. ■ Ensure that there are robust contingency plans for when clinical and other systems fail. ■ Assess and manage the risk to patients associated with service developments, balance economic considerations with the need for patient safety. 	<p>Peer Feedback</p> <ul style="list-style-type: none"> ●MSF ●Peer reviews ●References and letters <p>Development</p> <ul style="list-style-type: none"> ●Record of CPD including reflective commentary ●Evidence from training or assessment of skills; <p>Governance</p> <ul style="list-style-type: none"> ●Evidence of compliance with local governance policies and protocols <p>Reflective Practice</p> <ul style="list-style-type: none"> ●evidence in participation of relevant audits and reviews ●record of outcome of relevant audits and reviews <p>Practice review</p> <ul style="list-style-type: none"> ●Record of any change in practice ●Evidence from practice based discussions
Protect patients and colleagues from any risk posed by your health	<ul style="list-style-type: none"> ■ Recognise and understand the causes and effects of stress in both your own and others' working and personal lives. You should be able to manage stress levels in such a way as to ensure they you are able to remain effective. 	<ul style="list-style-type: none"> ●Registration with GP ●Plus evidence of compliance with standards in Trust/organisation

Domain 3 – Communication, Partnership and Teamwork

Attribute	Standard	Supporting Information
Communicate effectively	<ul style="list-style-type: none"> ■ Communicate relevant corporate and clinical information clearly and succinctly to colleagues and encourage colleagues to contribute to discussions. ■ Demonstrate negotiation and influencing skills to achieve optimal results. ■ Ensure that the best use is made of time and energy spent on meetings. ■ Demonstrate effective presentation and chairing skills. ■ Motivate colleagues to work towards a common purpose with a shared set of goals and objectives. ■ Objectively and proactively represent the views and needs of clinical services for the maximum benefit to patients, service users, carers and staff. 	<p>Peer Feedback</p> <ul style="list-style-type: none"> ●MSF ●Peer reviews ●References and letters <p>Development</p> <ul style="list-style-type: none"> ●Record of CPD including reflective commentary ●Evidence from training or assessment of skills; <p>Governance</p> <ul style="list-style-type: none"> ●Evidence of compliance with local governance policies and protocols <p>Reflective Practice</p> <ul style="list-style-type: none"> ●Evidence in participation of relevant audits and reviews ●Record of outcome of relevant audits and reviews
Work constructively with colleagues	<ul style="list-style-type: none"> ■ Listen to colleagues at all levels, both formally and informally and give specific, appropriate, constructive, objective and timely feedback ■ Obtain the best performance out of people, as well as identify and deal with poor performance in a timely and fair manner, where this exists. ■ Ensure that the people you manage have appropriate supervision and that there is appropriate provision of mentoring and where necessary counselling. ■ Understand why colleagues and situations might appear difficult, how difficult situations might arise and appreciate the different methods to resolve these situations. ■ Recognise the importance of teams and of effective multi-disciplinary team working to deliver and improve services. ■ Contribute to the planning and delivery of teaching, training, learning and development for staff within your area of responsibility 	<p>Peer Feedback</p> <ul style="list-style-type: none"> ●MSF ●Peer reviews ●References and letters <p>Development</p> <ul style="list-style-type: none"> ●Record of CPD including reflective commentary ●Evidence from training or assessment of skills; <p>Governance</p> <ul style="list-style-type: none"> ●Evidence of compliance with local

	<ul style="list-style-type: none"> ■ Provide direction, review performance, motivate others and promote equality and diversity. ■ Work in partnerships with patients, carers, service users and their representative, and colleagues within and across systems to deliver and improve services. 	<p>governance policies and protocols</p> <p>Reflective Practice</p> <ul style="list-style-type: none"> ● Evidence in participation of relevant audits and reviews ● Record of outcome of relevant audits and reviews
<p>Establish and maintain partnerships</p>	<ul style="list-style-type: none"> ■ Demonstrate effective skills in communicating with and through the media. ■ Demonstrate a vision for their organisation, directorate or team. The vision should reflect the needs of the public, staff, patients, stakeholders and the organisation. The vision should deliver national and local priorities, whilst remaining appropriate and achievable. ■ Engage with the strategic planning process and understand how and why strategic planning takes place and involve the views of colleagues and other stakeholders. ■ Engage with the business planning process, understand how and why business planning takes place and involve the views of colleagues and other stakeholders. ■ Understand the wider environment in which your organisation sits [eg. A health economy, NHS, professional bodies etc]. ■ Be up-to-date and aware of best practice in healthcare delivery beyond your own organisation, making use of evidence-based practice from across local and international health systems, as well as other relevant examples outside healthcare. Understand how this information might relate to service improvement at the local level. 	<p>Peer Feedback</p> <ul style="list-style-type: none"> ● MSF ● Peer reviews ● References and letters <p>Development</p> <ul style="list-style-type: none"> ● Record of CPD including reflective commentary ● Evidence from training or assessment of skills; <p>Governance</p> <ul style="list-style-type: none"> ● Evidence of compliance with local governance policies and protocols <p>Reflective Practice</p> <ul style="list-style-type: none"> ● Evidence in participation of relevant audits and reviews ● Record of outcome of relevant audits and reviews

Domain 4 – Maintaining Trust

Attribute	Standard	Supporting Information
-----------	----------	------------------------

<p>Show respect for patients and colleagues</p>	<ul style="list-style-type: none"> ■ Consider issues relating to equality and diversity ■ Ensure there is appropriate provision of coaching, mentoring, and where necessary, counselling for all staff ■ Recognise the role of patients and carers in the design, management and running of services, and should put in place processes for involving patients, carers and/or service users effectively. You should also incorporate patient and stakeholder feedback and should put in place processes for obtaining feedback. 	<p>Peer Feedback</p> <ul style="list-style-type: none"> ●MSF ●Peer reviews ●References and letters <p>Development</p> <ul style="list-style-type: none"> ●Record of CPD including reflective commentary ●Evidence from training or assessment of skills; <p>Governance</p> <ul style="list-style-type: none"> ●Evidence of compliance with local governance policies and protocols <p>Reflective Practice</p> <ul style="list-style-type: none"> ●Evidence in participation of relevant audits and reviews ●record of outcome of relevant audits and reviews Validated tools for feedback about doctors' practice <p>Policy/evidence of ending relationships with patients</p>
<p>Treat patients and colleagues fairly and without discrimination</p>	<ul style="list-style-type: none"> ■ Consider issues relating to equality and diversity ■ Consider how your attitude and behaviour contribute to your overall effectiveness, and how this relates to the behaviours of others ■ Recognise when systems have failed or individuals have made errors and why. Communicate lessons learned to members of the team following incidents. ■ Put in place processes for involving patients, carers and/or service users in the design, management and running of services. 	<p>Peer Feedback</p> <ul style="list-style-type: none"> ●MSF ●Peer reviews ●References and letters <p>Development</p> <ul style="list-style-type: none"> ●Record of CPD including reflective commentary ●Evidence from training or assessment of skills; <p>Governance</p>

		<ul style="list-style-type: none"> ●Evidence of compliance with local governance policies and protocols <p>Reflective Practice</p> <ul style="list-style-type: none"> ●Evidence in participation of relevant audits and reviews ●Record of outcome of relevant audits and reviews
<p>Act with honesty and integrity</p>	<ul style="list-style-type: none"> ■ Engage with the business planning process. Understand how and why business planning takes place. Identify business risks. Consider views of colleagues and other stakeholders. Goals should be measurable, prioritised and aligned to the organisational vision. Ensure that quality issues are explicit within business planning processes. ■ Objectively and proactively represent the views and needs of clinical services for the maximum benefit to patients, service users, carers and staff. ■ Behave in an open, honest and ethical manner. 	<p>Peer Feedback</p> <ul style="list-style-type: none"> ●MSF ●Peer reviews ●References and letters <p>Development</p> <ul style="list-style-type: none"> ●Record of CPD including reflective commentary ●Evidence from training or assessment of skills; <p>Governance</p> <ul style="list-style-type: none"> ●Evidence of compliance with local governance policies and protocols <p>Audit</p> <ul style="list-style-type: none"> ●Evidence in participation of relevant audits and reviews ●Record of outcome of relevant audits and reviews.

Bibliography:

1. General Medical Council. (2006). *Good Medical Practice*. London: GMC
2. General Medical Council. (2006). *Management for Doctors*. London: GMC
3. General Medical Council. (2006). *Confidentiality: protecting patients and providing information..* London: GMC
4. General Medical Council. (2009). *Tomorrow's Doctors*. London: GMC
5. British Association of Medical Managers. (2008). *Standards for Clinical Leadership and Management*. London: BAMB
6. NHS Institute for Innovation and Improvement. (2008). *Medical Leadership Competency Framework*. London: HM Stationary Office. Available at:

http://www.institute.nhs.uk/images/documents/BuildingCapability/Medical_Leadership/Medical%20Leadership%20Competency%20Framework%202nd%20ed.pdf

7. Department of Health. (2004). Knowledge and Skills Framework. London: HM Stationery Office
8. NHS Institute for Innovation and Improvement. (2008). Engaging Doctors in Leadership. London: HM Stationary Office
9. Darzi, A. (2008). High Quality Care for All: Next Stage Review Final Report. London: HM Stationery Office

MEDICAL EDUCATION

Domain 1 – Knowledge, Skills and Performance

Attribute	Standard	Supporting Information
<p>Maintain your professional performance</p>	<ul style="list-style-type: none"> ■ Review and maintain knowledge of legislation and other relevant professional safeguards, ethical guidance and regulations. ■ Undertake continuing professional development in both your specialist medical field and to develop your educational skills and practice. ■ Undertake relevant training programmes including disability awareness/equality and training in specific services and support. ■ Actively seek opportunities to develop your professional skills. ■ Use observation, feedback, up to date pedagogical knowledge and research to as sources for active reflection, evaluation and revision of your practice. ■ Maintain and follow codes of professional conduct. ■ Provide leadership to improve learning. ■ Participate in and contribute to promoting the public understanding of your medical field through teaching and research. 	<ul style="list-style-type: none"> • CPD • E-Learning • MSF • Student/Learner Feedback • Attendance at appropriate training programmes • Conference and Research Papers
<p>Apply knowledge and experience to practice</p>	<ul style="list-style-type: none"> ■ Develop, apply and maintain the skills, attitudes and practices of a competent teacher/trainer. ■ Be aware of your professional motivation, educational theory, philosophy and values and how they may impact on your behaviour and decisions. ■ Understand and incorporate major concepts, assumptions, principles and theories that are 	<ul style="list-style-type: none"> • MSF • Student/Learner Feedback • CPD • E-Learning • Audit • Education Programme Course

	<p>central to your discipline within your educational programme.</p> <ul style="list-style-type: none"> ■ Review, evaluate and use teaching resources and materials which have been evaluated for accuracy, usefulness and instructional value. ■ Construct and use assessment strategies and instruments for the effective diagnosis and evaluation of learning. ■ Design and plan appropriate learning activities or programmes of study for learners. ■ Demonstrate an understanding of the student learning experience. ■ Identify and access appropriate bibliographical resources, archives, and other sources of relevant information when designing and presenting educational programmes. ■ Routinely audit and monitor the effectiveness of your programme: <ul style="list-style-type: none"> • to ensure that programmes remain current and valid in light of developing knowledge in the discipline, and practice in its application • to evaluate the extent to which the intended learning outcomes are being attained by students • to evaluate the continuing effectiveness of the curriculum and of assessment in relation to the intended learning outcomes • to ensure that recommendations for appropriate actions are followed up to remedy any identified shortcomings. 	<p>Materials</p>
<p>Keep clear, accurate and legible records</p>	<ul style="list-style-type: none"> ■ Maintain useful and accurate records of students' work and performance. ■ Use information technology appropriately for database management, recording and storing records and information. ■ Be involved in reviewing processes. Keep appropriate records of the outcomes of meetings and related activities. ■ Ensure that assessment decisions are recorded and documented accurately and systematically. 	<ul style="list-style-type: none"> • Audit • MSF

Domain 2 – Safety and Quality

Attribute	Standard	Supporting Information
<p>Put into effect systems to improve the quality of medical education</p>	<ul style="list-style-type: none"> ■ Balance the needs of service delivery with education. ■ Organise, allocate and manage time and materials to maximise learning and the engagement of learners. ■ Monitor the success of your education programmes against appropriate internal and/or external indicators and targets. ■ Be aware of and make publicly available, information on the complaints and appeals procedures of your institution. ■ Participate in fair, effective and timely procedures for handling students' complaints and academic appeals when they arise. ■ Collect, review and, where appropriate, respond to feedback from all concerned with education programmes. They will make arrangements for feedback to be considered openly and constructively and for the results to be communicated appropriately. 	<ul style="list-style-type: none"> • Complaints • Appeals • Audit • MSF • Student/Learner Feedback • Audit • MSF • CPD
<p>Respond to risks</p>	<ul style="list-style-type: none"> ■ Understand and follow relevant health and safety issues and demonstrates responsible working practices. ■ Ensure that the quality of medical education is not put at risk as a result of undertaking an excessive volume and range of responsibilities and work. 	<ul style="list-style-type: none"> • CPD • E-Learning • Work Plan
<p>Protect learners and colleagues from any risk posed by your health</p>	<p><i>See Standards for your relevant Specialty</i></p>	

Domain 3 – Communication, Partnership and Teamwork

Attribute	Standard	Supporting Information
-----------	----------	------------------------

<p>Communicate effectively</p>	<ul style="list-style-type: none"> ■ Use effective verbal, written, non-verbal and visual communication techniques to foster active inquiry, collaboration, supportive interaction and learning. ■ Introduce concepts and principles at different levels of complexity so that they are meaningful to learners at varying levels of development and with diverse learning needs. ■ Develop a variety of clear, accurate presentations and representations of concepts, using alternative explanations to assist learners' understanding and presenting diverse perspectives to encourage critical thinking. 	<ul style="list-style-type: none"> ● MSF ● Student/Learner Feedback ● Education Programme Course Materials ● Conference and Research Papers
<p>Work constructively with colleagues</p>	<ul style="list-style-type: none"> ■ Work with colleagues to develop and effective learning climate. ■ Practise active listening, conflict resolution and group facilitation skills as a team member. ■ Participate in collaborative decision making and problem solving with other professionals. ■ Support and promotes learning in all areas of activity. ■ Understand the impact of your behaviour on others when working in and contributing to the success of formal and informal teams. 	<ul style="list-style-type: none"> ● MSF ● Student/Learner Feedback ● CPD
<p>Establish and maintain partnerships with colleagues, learners and other stakeholders</p>	<p>Use a range of techniques and strategies to encourage positive social interaction and active engagement in learning.</p> <p>Participate, as appropriate, in policy design and development at the local level, with professional organisations and/or with community organisations.</p> <p>Understand the role of the medical community in education and develops and maintains collaborative relationships with colleagues, professional bodies and the wider medical community to support learning.</p> <p>Provide learners with sufficient information to enable them to begin your studies with an understanding of the academic and social environment in which they will be working.</p>	<ul style="list-style-type: none"> ● MSF ● Student/Learner Feedback ● CPD ● Educational Policy or Strategy

	<p>Provide appropriate and timely feedback to learners on assessed work in a way that promotes learning and facilitates improvement but does not increase the burden of assessment.</p> <p>Encourage learners to adopt good academic conduct in respect of assessment and seek to ensure they are aware of your responsibilities.</p>	
--	---	--

Domain 4 – Maintaining Trust

Attribute	Standard	Supporting Information
Show respect for patients, colleagues and learners	<p>Treat patients, colleagues and individual learners with respect.</p> <p>Demonstrate positive regard for colleagues and individual learners regardless of culture, religion, gender, sexual orientation and varying abilities.</p> <p>Clearly define and communicate the responsibilities and expectations of learners undertaking educational programmes.</p>	<ul style="list-style-type: none"> • MSF • Student/Learner Feedback • Complaints • Appeals
Treat learners and colleagues fairly and without discrimination	<p>Demonstrate a commitment to encouraging participation in higher education, acknowledging diversity and promoting equality of opportunity.</p> <p>Understand how learners differ in your approaches to learning and creates instructional opportunities that are adapted to diverse learners.</p> <p>Use assessment strategies and instruments which are non-discriminatory and take into consideration the impact of disabilities, methods of communication, cultural background on measuring knowledge and the performance of learners.</p> <p>Ensure that learners have the opportunity to raise matters of concern without risk of disadvantage.</p>	<ul style="list-style-type: none"> • MSF • Student/Learner Feedback • Assessment Instruments including examinations and assignments

Act with honesty and integrity	<p>Ensure that assessment procedures are clear and operated rigorously, fairly, and consistently with due regard for security.</p> <p>Ensure that any potential conflicts of interest are identified and resolved.</p>	<ul style="list-style-type: none"> • MSF • Student/Learner Feedback • Declaration of Conflicts of Interests
---------------------------------------	--	--

Bibliography

1. Academy of Medical Educators (2008). *Interim Professional Development Standards*. AME.
2. General Medical Council. (2006). *Good Medical Practice*. London: GMC
3. Higher Education Academy. (2006). The UK Professional Standards Framework for teaching and supporting learning in higher education. Available at: <http://www.heacademy.ac.uk/ourwork/policy/framework> [Accessed May 2009]
4. Illinois State Board of Education. (2002). *Professional Teaching Standards*. Springfield: Illinois
5. Quality Assurance Agency for Higher Education. (1999-2008). *Code of practice for the assurance of academic quality and standards in higher education*. Available at: <http://www.qaa.ac.uk/academicinfrastructure/codeOfPractice/default.asp> [Accessed May 2009]
6. Universities UK. (2008). *Quality and standards in UK Universities: A guide to how the system work*. Available at www.universitiesuk.ac.uk [Accessed May 2009]

MEDICAL RESEARCH

Domain 1 – Knowledge, Skills and Performance

*Reference to patients also includes health volunteers/research participants

Attribute	Standard	Supporting Information
Maintain your professional performance	<i>See Standards for your relevant Specialty</i>	
Apply knowledge and experience to practice	<ul style="list-style-type: none"> ■ Follow appropriate national [and international] research governance guidelines ■ Adequately assess the patient's condition ■ Provide or arrange advice, investigations or treatment where necessary ■ Prescribe drugs or treatments, including repeat prescriptions, safely and appropriately ■ Take steps to alleviate pain and distress whether or not a cure may be possible. ■ Consult colleagues, or refer patients to colleagues, when this is in the patient's best interests ■ Supports patients in caring for themselves 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multi-source feedback • Peer Reviews • References and Letters <p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient / participant surveys • Complaints and compliments • Any other relevant feedback <p>Development</p> <ul style="list-style-type: none"> • Record of CPD including reflective commentary <p>Medical Governance</p> <ul style="list-style-type: none"> • Evidence of compliance with local Clinical and Research Governance Policies and protocols <p>Reflective Practice</p> <ul style="list-style-type: none"> • Evidence in participations in relevant audits and reviews • Record of outcome of relevant audits and reviews

<p>Keep clear, accurate and legible records</p>	<p>Record clinical findings, decisions, information given to patients, drugs prescribed and other information or treatment. In the course of clinical trials, recordings are usually made in designated case report forms in a manner compliant with Good Clinical Practice.</p> <p>■ Record and report results accurately and in a way that is transparent and open to audit</p>	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multi-source feedback • Peer Review • References and Letters <p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient / participant surveys • Complaints and compliments • Any other relevant feedback <p>Reflective Practice</p> <ul style="list-style-type: none"> • Evidence of participation in relevant audits and reviews • Relevant record of outcome of relevant audits and reviews <p>Practice Review</p> <ul style="list-style-type: none"> • Anonymised records • Evidence of practice based discussion • Record of any change in practice
--	---	--

Domain 2 – Safety and Quality

Attribute	Standard	Supporting Information
<p>Put into effect systems to protect patients and improve care</p>	<p>■ Research should comply with research governance protocols and good practice guidelines.</p> <p>■ Report suspected adverse drug reactions to Sponsors, Regulatory Authorities, Ethics Committees, other Investigators as appropriate and in a timely manner.</p> <p>■ Ensure arrangements are made for the continuing care of the patient where necessary.</p>	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multi-source feedback • Peer Review • References and Letters <p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient / participant surveys • Complaints and compliments • Any other relevant feedback • Medical Governance • Evidence of compliance with local Clinical and Research Governance Policies and protocols

		<p>Reflective Practice</p> <ul style="list-style-type: none"> • Evidence of participation in relevant audits and reviews • Record of outcome of relevant audits and reviews <p>Practice Review</p> <ul style="list-style-type: none"> • Anonymised records • Ethical clearance applications • Evidence from practice based discussions • Record of CPD including reflective commentary • Record of any change in practice
<p>Respond to risks to safety</p>	<ul style="list-style-type: none"> ■ Respond promptly to risks posed by patients. ■ Follow infection control procedures and regulations. ■ Report any concerns about behaviour or practice that may put research participants at risk. ■ Report adverse findings to the research participants, those responsible for their medical care, the research sponsor and primary funder and those bodies responsible for protecting the public. 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multi-source feedback • Peer Review • References and Letters <p>Training and Education</p> <ul style="list-style-type: none"> • Certificates and Courses • Internal Training <p>Medical Governance</p> <ul style="list-style-type: none"> • Compliance with policies and procedures • Evidence from meetings <p>Practice Review</p> <ul style="list-style-type: none"> • Anonymised records • Evidence from practice based discussions • CPD including reflective commentary •
<p>Protect patients and colleagues from any risk</p>	<p><i>See Standards for your relevant Specialty</i></p>	

posed by your health		
----------------------	--	--

Domain 3 – Communication, Partnership and Teamwork

Attribute	Standard	Supporting Information
Communicate effectively	<ul style="list-style-type: none"> ■ Listen to patients and respect their views about their health. ■ Give patients the information they need in order to make decisions about their care in a way they can understand. ■ Respond to patients' questions. ■ Keep patients informed about the progress and findings of the study in which they are involved where required, or when requested by the patient. ■ Treat those close to patients considerately. ■ Pass on information to colleagues involved in, or taking over, your patients' care. 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multi-source feedback • Peer Review • References and Letters <p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient / participant surveys • Complaints and compliments • Examples of patient education or explanation • Any other relevant feedback <p>Development</p> <ul style="list-style-type: none"> • Record of CPD including reflective commentary • Medical Governance • Copies of complaints procedures • Copies of consent forms • Examples of consent forms and information material • Management reports • Handover procedures <p>Practice Review</p> <ul style="list-style-type: none"> • Communication documents • Correspondence • Evidence from practice based discussions
Work constructively	<ul style="list-style-type: none"> ■ Take responsibility for ensuring your team carries out research in a manner which is safe, effective and efficient. 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multi-source feedback

<p>with colleagues and delegate effectively</p>	<p>■ Ensure that colleagues understand your role and responsibilities in the team.</p>	<ul style="list-style-type: none"> • Peer Review • References and Letters <p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient / participant surveys • Complaints and compliments • Examples of patient education or explanation • Any other relevant feedback <p>Medical Governance</p> <ul style="list-style-type: none"> • Copies of policies and procedures
<p>Establish and maintain partnerships with patients</p>	<p>■ Encourage patients to take an interest in their health and take action to improve and maintain it.</p> <p>■ Be satisfied that you have obtained written informed consent before you undertake any examination, investigation or procedure relating to participation of a volunteer in a clinical research study.</p>	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multi-source feedback • Peer Review • References and Letters <p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient / participant surveys • Complaints and compliments • Examples of patient education or explanation • Any other relevant feedback <p>Medical Governance</p> <ul style="list-style-type: none"> • Copies of policies and procedures • Copies of Information material • Copies of consent forms • Examples from practice • Adoption of relevant research ethics guidance

Domain 4 – Maintaining Trust

Attribute	Standard	Supporting Information
<p>Show respect for patients</p>	<p>■ Respect the rights of patients participating in research, including their right to confidentiality.</p>	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multi-source feedback

	<ul style="list-style-type: none"> ■ Be polite, considerate and honest and respect patients' dignity and privacy. ■ Treat each patient fairly and as an individual. 	<ul style="list-style-type: none"> • Peer Review • Correspondence <p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient / participant surveys • Complaints and compliments • Any other relevant feedback <p>Medical Governance</p> <ul style="list-style-type: none"> • Copies of relevant policies and procedures • Examples from practice
<p>Treat patients and colleagues fairly and without discrimination</p>	<ul style="list-style-type: none"> ■ Take into consideration participants' current understanding of their condition and treatment, beliefs, culture, occupation or other factors may have a bearing on the information they require. ■ Provide care on the basis of the patient's needs and likely effect of treatment. 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multi-source feedback • Peer Review • Correspondence • Reflective commentary <p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient / participant surveys • Complaints and compliments • Any other relevant feedback
<p>Act with honesty and integrity</p>	<ul style="list-style-type: none"> ■ Obtain appropriate ethical approval for research projects. ■ Obtain and record participants' consent, save where research is based on anonymised data already in the public domain or where specific approval not to obtain consent has been given by the research ethics committee. ■ Report evidence of financial or scientific fraud to an appropriate person or authority, including where appropriate the GMC or other statutory regulatory body. ■ Ensure that your judgement about the research is not influenced, or seen by others to be influenced, by financial, personal, political or 	<p>Peer Feedback</p> <ul style="list-style-type: none"> • Multi-source feedback • Peer Review • Correspondence • Reflective commentary • Evidence of adoption of relevant guidance on Ethics in research. <p>Patient Feedback</p> <ul style="list-style-type: none"> • Patient / participant surveys • Complaints and compliments • Any other relevant feedback

	<p>other external interests at any stage of the process. Any conflicts that arise should be declared.</p> <p>■ Inform patients about any fees and charges before starting treatment.</p>	<p>Practice Review</p> <ul style="list-style-type: none"> • Anonymised records • Ethical clearance applications
--	--	--

Bibliography

1. General Medical Council. (2006) *Management for Doctors*. London: GMC
2. General Medical Council. (2006). *Good Medical Practice*. London: GMC
3. General Medical Council. (2002). *Research: the role and responsibilities of doctors*. London: GMC
4. General Medical Council. *Good Medical Practice: Seeking patients' consent: the ethical considerations*. London: GMC
5. General Medical Council. *Confidentiality: Protecting and providing information*. London: GMC
6. 18th World Medical Assembly, Helsinki (1964 as currently amended). *Ethical Principles for Research Involving Human Subjects*.
7. *International Conference on Harmonisation of Technical Requirements for the Registration of Pharmaceuticals for Human Use (ICH). Note for Guidance on Good Clinical Practice (CPMP/ICH135/95)* 1 May 1996

EXPERT ADVICE

Domain 1 – Knowledge, Skills and Performance

Attribute	Standard	Supporting Information
Maintain your professional performance	<ul style="list-style-type: none"> ■ Review and maintain knowledge of legislation and other relevant professional safeguards, ethical guidance and regulations. ■ Undertake continuing professional development in both your specialist medical field and in other areas relevant to your advisory role. ■ Maintain knowledge of your specialist area of practice and comply with the standards in this area defined for appraisal and revalidation. 	<ul style="list-style-type: none"> • CPD • E-Learning • MSF • Customer Feedback • Attendance at appropriate training programmes • Examples reports of opinions or advice
Apply knowledge and experience to practice	<ul style="list-style-type: none"> ■ Ensure that any instructions you receive related to obtaining your opinion or advice is clear and adequate. ■ Identify and access appropriate bibliographical resources, archives, studies and other sources of relevant information when preparing your opinion or advice. ■ Consider all material facts, including those which might disagree with or detract from your opinion or advice. 	<ul style="list-style-type: none"> • MSF • Customer Feedback • CPD • Reflective Practice • Examples reports of opinions or advice
Keep clear, accurate and legible records	<ul style="list-style-type: none"> ■ Ensure that any decisions, opinions or advice you provide are recorded and documented accurately and systematically. 	<ul style="list-style-type: none"> • Audit • MSF

Domain 2 – Safety and Quality

Attribute	Standard	Supporting Information
<p>Put into effect systems to protect patients and improve care</p>	<ul style="list-style-type: none"> ■ Monitor the success of your opinions or advice against appropriate internal and/or external indicators. ■ Ensure you are aware of and address any complaints and appeals against your opinion or advice where appropriate. ■ Collect, review and, where appropriate, respond to feedback about the effectiveness of your opinion or advice. 	<ul style="list-style-type: none"> • Complaints • Appeals • Reflective Practice • Customer Feedback • MSF • CPD
<p>Respond to risks to safety</p>	<ul style="list-style-type: none"> ■ Seek clarification if any part of the instructions you receive in relation to obtaining your opinion or advice is ambiguous, inadequate or conflicting. ■ Inform all interested parties when you are unable to reach a definite opinion or provide advice, for example when there is insufficient information. ■ Inform all interested parties, without delay, if you have changed your opinion or advice. ■ Only provide an opinion or advice on questions or issues that fall within your specialist expertise. ■ Ensure that any confidential information or material is securely stored while in your possession. 	<ul style="list-style-type: none"> • MSF • Customer Feedback • CPD
<p>Protect patients and colleagues from any risk posed by your health</p>	<p><i>See Standards for your relevant Specialty</i></p>	

Domain 3 – Communication, Partnership and Teamwork

Attribute	Standard	Supporting Information
Communicate effectively	<ul style="list-style-type: none"> ■ Use effective verbal, written, non-verbal and visual communication techniques to explain their opinion or outline their advice. ■ Include in your opinion or advice: <ul style="list-style-type: none"> • Details of your expert qualifications, experience and position • Details of any literature or other material you have used in forming your opinion or advice • A statement setting out all of the facts and instructions given to you which informed their opinion or advice • Information about who carried out any examination, measurement, test or experiment which influenced your opinion or advice • A summary of the range of opinions on the issue and reasons for your opinion or advice • A summary of the conclusions you have reached • An outline of any qualifications, conditions or context that are relevant to your opinion or advice 	<ul style="list-style-type: none"> • MSF • Customer Feedback • Example reports of opinion or advice
Work constructively with colleagues	<ul style="list-style-type: none"> ■ Participate in collaborative decision making and problem solving with other professionals. 	<ul style="list-style-type: none"> • MSF • Customer Feedback • CPD
Establish and maintain partnerships with colleagues and other stakeholders	<ul style="list-style-type: none"> ■ Inform all interested parties when they are unable to reach a definite opinion or provide advice, for example when you have insufficient information. ■ Maintain collaborative relationships with colleagues, professional bodies and the wider medical community. 	<ul style="list-style-type: none"> • MSF • Customer Feedback • CPD

Domain 4 – Maintaining Trust

Attribute	Standard	Supporting Information
Show respect for patients and colleagues	<ul style="list-style-type: none"> ■ Respect the opinions and advice of others, even when you may not agree with them. ■ Consider the impact of your opinion or advice on patients and colleagues. 	<ul style="list-style-type: none"> • MSF • Customer Feedback
Treat patients and colleagues fairly and without discrimination	<ul style="list-style-type: none"> ■ Provide an opinion or advice that is trustworthy, objective and unbiased. ■ Provide an opinion or advice that is independent of their personal views about culture and national origin, religion or beliefs, sexual preferences, race, gender, age or social or economic status. 	<ul style="list-style-type: none"> • MSF • Customer Feedback • Example reports of opinions or advice
Act with honesty and integrity	<ul style="list-style-type: none"> ■ Only provide an opinion or advice on questions or issues that fall within your specialist expertise. ■ Only provide an opinion or advice that is uninfluenced by the needs, motives or payment from those who commission your expertise. ■ Ensure that any potential conflicts of interest are identified and resolved before they undertake to provide an opinion or advice. ■ Verify your written opinion or advice as a statement of truth using an appropriate declaration, when required. For example, “I confirm that insofar as the facts stated in my report are within my own knowledge, I have made clear which they are and I believe them to be true, and that the opinions I have expressed represent my true and complete professional opinion”. 	<ul style="list-style-type: none"> • MSF • Customer Feedback • Example Statement of Truth • Declaration of conflicts of interest

Bibliography

1. General Medical Council. (2006). *Good Medical Practice*. London: GMC
2. General Medical Council (2008). *Acting as an Expert Witness*. London: GMC
3. Ministry of Justice (2009). Civil Procedure Rules: Part 35 – Experts and Assessors. Available at: http://www.justice.gov.uk/civil/procrules_fin/contents/parts/part35.htm [Accessed May 2009].
4. British Medical Association. (2009). Expert Witness Guide. Available at: http://www.bma.org.uk/employmentandcontracts/2_expert_witnesses/index.jsp [Accessed May 2009]

CIVIL SERVICE

Domain 1 – Knowledge, Skills and Performance

Attribute	Standard	Supporting Information
Maintain your professional performance	<ul style="list-style-type: none"> ■ Review and maintain knowledge of relevant medical subjects, legislation, regulations, policy and other relevant professional standards. ■ Undertake continuing professional development in both your specialist medical field and in other areas relevant to your advisory role. 	<ul style="list-style-type: none"> • CPD • E-Learning • MSF • Customer Feedback • Attendance at appropriate training programmes • Examples reports of opinions or advice • Peer Review of Advice • References and letters
Apply knowledge and experience to practice	<ul style="list-style-type: none"> ■ Ensure that any instructions you receive related to obtaining your opinion or advice is clear and adequate. ■ Identify and access appropriate sources of information and evidence when preparing your opinion or advice. ■ Consider all material facts, including those which might disagree with or detract from your opinion or advice. 	<ul style="list-style-type: none"> • MSF • Customer Feedback • CPD • Reflective Practice • Examples reports of opinions or advice
Keep clear, accurate and legible records	<ul style="list-style-type: none"> ■ Ensure that any decisions, opinions or advice you provide are recorded and documented accurately and systematically. 	<ul style="list-style-type: none"> • Audit • MSF • Peer Review of Advice • References and letters • Evidence of compliance with local governance policies and protocols and the Data Protection Act

Domain 2 – Safety and Quality

Attribute	Standard	Supporting Information
<p>Put into effect systems to protect patients and improve care</p>	<ul style="list-style-type: none"> ■ Evaluate your opinions or advice against appropriate internal and/or external indicators. ■ Ensure you are aware of and address any complaints and appeals against your opinion or advice where appropriate. ■ Ensure there is a system for checking your advice when appropriate and that you amend your advice in response to feedback ■ Review and, where appropriate, respond to feedback about the effectiveness of your opinion or advice 	<ul style="list-style-type: none"> • Complaints • Appeals • Reflective Practice • Customer Feedback • MSF • CPD • Compliments • Evidence of compliance with local governance policies and protocols
<p>Respond to risks to safety</p>	<ul style="list-style-type: none"> ■ Seek clarification if any part of the instructions you receive in relation to obtaining your opinion or advice is ambiguous, inadequate or conflicting. ■ Inform all interested parties when you are unable to reach a definite opinion or provide advice, for example when there is insufficient information. ■ Inform all interested parties, without delay, if you have changed your opinion or advice. ■ Only provide an opinion or advice after consultation with appropriate expert or obtaining appropriate evidence. ■ Ensure that any confidential information or material is securely stored while in your possession. 	<ul style="list-style-type: none"> • MSF • Customer Feedback • CPD
<p>Protect patients and colleagues from any risk posed by your health</p>	<p>Recognise and manage your health in such a way as to ensure you are able to remain effective.</p>	<ul style="list-style-type: none"> • Signed declaration of health in compliance with GMC standards

Domain 3 – Communication, Partnership and Teamwork

Attribute	Standard	Supporting Information
Communicate effectively	<ul style="list-style-type: none"> ■ Use effective verbal, written, non-verbal and visual communication techniques to explain your opinion or outline your advice. ■ Include in your opinion or advice (if in accordance with local governance policies and protocols) <ul style="list-style-type: none"> • Details of your expert qualifications, experience and position • Details of any literature or other material you have used in forming your opinion or advice • A statement setting out all of the facts and instructions given to you which informed their opinion or advice • Information about who carried out any examination, measurement, test or experiment which influenced your opinion or advice • A summary of the range of opinions on the issue and reasons for your opinion or advice • A summary of the conclusions you have reached • An outline of any qualifications, conditions or context that are relevant to your opinion or advice 	<ul style="list-style-type: none"> • MSF • Customer Feedback • Example reports of opinion or advice • Letters • Emails
Work constructively with colleagues	<ul style="list-style-type: none"> ■ Participate in collaborative decision making and problem solving with other professionals. ■ Understand the impact of your behaviour on others when working in and contributing to the success of formal and informal teams. 	<ul style="list-style-type: none"> • MSF • Customer Feedback • CPD • Letters • Peer Review of Advice • Evidence of attendance at team development events
Establish and maintain partnerships with colleagues and other stakeholders	<ul style="list-style-type: none"> ■ Inform all interested parties when you are unable to reach a definite opinion or provide advice, for example when you have insufficient information. ■ Maintain collaborative relationships with colleagues, professional bodies and the wider medical community. ■ Participate, as appropriate, in policy design and development in consultation with professional and/or with community organisations. 	<ul style="list-style-type: none"> • MSF • Customer Feedback • CPD • Letters

Domain 4 – Maintaining Trust

Attribute	Standard	Supporting Information
Show respect for patients and colleagues	<ul style="list-style-type: none"> ■ Respect the opinions and advice of others, even when you may not agree with them. ■ Consider the impact of your opinion or advice on customers and colleagues. 	<ul style="list-style-type: none"> • MSF • Customer Feedback • Letters
Treat patients and colleagues fairly and without discrimination	<ul style="list-style-type: none"> ■ Provide an opinion or advice that is trustworthy, objective and unbiased. ■ Provide an opinion or advice that is independent of your personal views about culture and national origin, religion or beliefs, sexual preferences, race, gender, age or social or economic status. 	<ul style="list-style-type: none"> • MSF • Customer Feedback • Example reports of opinions or advice
Act with honesty and integrity	<ul style="list-style-type: none"> ■ Only provide an opinion or advice on questions or issues that fall within your specialist expertise or on consultation with appropriate experts/evidence. ■ Ensure that any potential conflicts of interest are identified and resolved before you undertake to provide an opinion or advice. ■ Behave in an open, honest and ethical manner. 	<ul style="list-style-type: none"> • MSF • Customer Feedback • Example Statement of Truth • Declaration of conflicts of interest • Statement of Probity • Evidence of compliance with local governance policies and protocols

Bibliography

1. General Medical Council. (2006). *Good Medical Practice*. London: GMC
2. General Medical Council (2008). *Acting as an Expert Witness*. London: GMC
3. Ministry of Justice (2009). Civil Procedure Rules: Part 35 – Experts and Assessors. Available at: http://www.justice.gov.uk/civil/procrules_fin/contents/parts/part35.htm [Accessed May 2009].
4. British Medical Association. (2009). Expert Witness Guide. Available at: http://www.bma.org.uk/employmentandcontracts/2_expert_witnesses/index.jsp [Accessed May 2009]
5. Professional skills framework for government medical profession (2009). Available at : <http://www.civilservice.gov.uk/about/improving/psg/psg-identifier/framework-medicine.aspx>